	1. TRANSMITTAL NUMBER:  2. STATE:				
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 0 0 0 9 Nebraska				
STATE PLAN MATERIAL					
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)				
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE				
HEALTH CARE FINANCING ADMINISTRATION					
DEPARTMENT OF HEALTH AND HUMAN SERVICES	9-1-00				
5. TYPE OF PLAN MATERIAL (Check One):					
□ NEW STATE PLAN □ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN X AMENDMENT				
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2000 \$ 0				
42 USC Section 604(h)	b. FFY 2001 \$ 0				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supp 8a to Attachment 26A, Addendum Supp 8b to Attachment 2.6A, Addendum Supp 12 to Attachment 2.6A, Addendum	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  N/A				
10. SUBJECT OF AMENDMENT:  Individual Development Accounts (IDA s)					
11. GOVERNOR'S REVIEW (Check One):					
<ul> <li>☐ GOVERNOR'S OFFICE REPORTED NO COMMENT</li> <li>☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</li> <li>☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</li> </ul>	OTHER, AS SPECIFIED:  Governor has waived review.				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
1) organ 1 - leiffer	HHS Finance and Support, Medicaid Division				
13. TYPED NAME: / / / /	Attn: Dana McNeil				
Robert J. Seiffert  14. TITLE:	PO box 95026				
Medicaid Administrator	Lincoln, NE 68509-5026				
15. DATE SUBMITTED:					
December 11, 2000					
FOR REGIONAL OF	FICE USE ONLY				
17. DATE RECEIVED:	18. DATE APPROVED:				
12/12/00					
	ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL				
SEP 1 2001	and sed for				
21. TYPED NAME:	22(TITLE: )				
Thomas W. Lenz	ARA for Medicaid and State Operations				
23. REMARKS:	•				
cc:	SPA CONTROL				
-Curtiss	JI A GUNTROL				
Seiffert	Date Submitted 12/08/00				
CO -	Date Received 12/12/00				

Supplement 8a to Attachment 2.6-A ADDENDUM

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

# LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

_X	explained in 1	903(f) of the	Act: All otherv		income depo	ons on payment sited in an IDA	
<u></u>	explained in 1	903(f) of the		vise countable		ons on payment sited in an IDA	
X	X For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on pay explained in 1903(f) of the Act: All interest earned on an IDA account funded under Assets for Independence Act is excluded.						
						• .•	
				e e			
Transmi	ittal # <u>MS-00-09</u>						
Superse		Approved _	JAN 8 3 200	Effective	SEP	2993	

Transmittal # (new page)

Supplement 8b to Attachment 2.6-A ADDENDUM

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LESS RESTRICTIVE METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT							
X	For all eligibility under the Asse	groups subje	ect to 1902(r)	)(2) of the A are exclude	.ct: All funds	in IDA acc	ounts funded
Transmi	ttal # <u>MS-00-09</u>		142.00	C224	<del></del>		
Superse	des	Approved _	JAN 30	<u> 2001                                   </u>	Effective	(100 july	<del></del>

Transmittal # (new page)

Supplement 12 to Attachment 2.6-A **ADDENDUM** 

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

## ELIGIBILITY UNDER SECTION 1931 OF THE ACT

		<del></del>							
	uses less restrictive 6, 1996, as follows:	e income and/or res	ource method	lologies tl	nan those in	effect			
X_	All otherwise coun Assets for Indeper	stable income depos ndence Act is exclud	ited in an IDA ded from inco	account me.	funded unde	er the			
X_	All interest eamed on an IDA account funded under the Assets for Independence Act is excluded from income.								
X_	All funds in IDA accounts funded under the Assets for Independence Act are excluded from resources.								
		ntable income depo				under			
	•								
ransmittal # MS-0		JAN 3 0 2001	Esc. 11	SEP	2080				
upersedes	Approved		Effective _						

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St

Transmittal # (new page)